Human NK cells engage cell-intrinsic non-canonical inflammasome function

Nathan G.F. Leborgne[1,3], Jadie Acklam[1,3,5], Alexander J. Hogg[1,3,5],Zarema Albakova[1,3], Karen G. Hogg[1], Kim Samirah Robinson[1,2], Grant Calder[1], Arnel Villamin Jr[1,3], Callum Robson,[1,3], Freya Pealing[1,3] ,Matthew A. Care[1,3], Monika Gonka[1,3], James M. Fox[1], James Iremonger[4], Frances E. Pearson[4], Max E. Noble[4] , Alison M. Layton[2], James P. Hewitson[1,3,5], David G. Kent[1,3,5], , William Grey[1,3], Jillian L. Barlow[1,3,6], Dave Boucher[1,3,6,7]

York Biomedical Research Institute, University of York, Biology Department, Wentworth Way, York, YO10 5DD

Hull York Medical School, University of York, York, United Kingdom

Center for Blood Research

VISFO, The Old Flour Mill, Mill Royd Street, Brighouse, West Yorkshire, HD6 1EY

These authors contributed equally

Senior Author

Lead contact: Correspondence to dave.boucher@york.ac.uk

Short Title: A specialised inflammasome in human Natural Killer cells

Abstract

Inflammasome pathways are critical for detecting pathogens and initiating

inflammatory responses, yet how individual cell types configure these signalling

platforms remains poorly understood. Here, we demonstrate that human Natural Killer

cells possess distinct inflammasome machinery, lacking canonical components and

innate sensors (NLRP3, NLRC4, TLR4) but harbour a functional non-canonical

inflammasome (NCI). Using *Salmonella* enterica Typhimurium infection of primary

human NK cells, we show that cytosolic bacterial access triggers caspase-4-

dependent pyroptosis and IL-18 secretion, without canonical inflammasome activation

or IL-1β production. Strikingly, murine NK cells express inflammasome transcripts but

lack functional caspase-11 protein and do not undergo pyroptosis upon infection,

revealing species-specific post-transcriptional regulation. We further identify IL-12, but

not IFNγ, as a priming signal for NCI components in human NK cells, a functional

distinction from macrophages and epithelial cells. Together, these findings reveal that

human NK cells have evolved a specialised inflammasome with unique regulatory

inputs, establishing these cells as autonomous sensors of intracellular Gram-negative

infection.

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Introduction

Innate immune responses are controlled by cellular pathways that coordinate immunity to rapidly eliminate pathogens and restore homeostasis (1). Inflammasomes are critical signalling platforms controlling responses to sterile and infectious agents in immune and epithelial cells (2,3). The inflammasome pathway senses triggers using pattern-recognition receptors (PRRs), which include members of the Nod-like Receptor family (Nod-like receptor protein-1, NLRP1, and -3, NLRP3) and the NLR family CARD domain-containing protein 4 (NLRC4) (2). Unlike the canonical inflammasome, which activates caspase-1 upon detection of bacterial ligands (*e.g.,* flagellin), and self-derived danger signals (*e.g.,* ATP, nucleic acids), the non-canonical inflammasome (NCI) activates caspase-4 and caspase-5 (humans) and caspase-11 (mice) upon recognition of cytosolic bacterial lipopolysaccharides (LPS) (4–6) or from intracellular delivery of outer membrane vesicles (7). In non-phagocytic cells, such as epithelial cells, LPS is presented to caspase-4 through interferon-inducible proteins called guanylate-binding proteins (GBPs) (8–12). GBP1 is a direct LPS sensor and is involved in NCI activation in human cells upon *Salmonella* infection (9,12). NCI signalling leads to the maturation and secretion of pro-inflammatory cytokines (13) and to pyroptosis, a form of pro-inflammatory cell death (14). Pyroptosis is driven by the caspase-mediated cleavage of the pore-forming protein Gasdermin D (GSDMD) (14–16), which activates a Ninjurin-1 (NINJ1)-dependent plasma membrane rupture (17), and is critical to control infections, limiting their spread and mobilising further immune cells for pathogen clearance (18). Pyroptosis mediates the release of antigens, which support adaptive responses (19). Additionally, GSDMD pores mediate potassium influx, which activates the NLRP3 canonical inflammasome downstream of caspase-4/11 (20–22). Inflammasome activation in macrophages and epithelial cells induces the maturation and secretion of interleukin-18 (IL-18) and IL-1β, which are released through the GSDMD pores (23,24). These cytokines generate antimicrobial responses in myeloid, lymphoid, and epithelial cells (25).

Discovered in the 1970s, NK cells are part of the now-expanded family of innate lymphoid cells (ILCs), including ILC1s, ILC2s, ILC3s, and lymphoid tissue-inducer cells. They play key roles in viral and tumour responses and are increasingly studied *ex vivo* as part of novel immunotherapy against cancer (26,27). Functionally, these cells are broadly divided into cytotoxic NK cells (release of perforin, granzyme and defined as CD56^{dim}CD16^{+}) and immunoregulatory NK cells (IL-12- and IL-18-

dependent release of proinflammatory cytokines, IFNγ, CCL3, GM-CSF and defined

as CD56^{high}CD16^{low}) (28,29). Progress has been made in recent years on the

contribution of NK cells to early responses during microbial infection. Several studies

have shown that NK cells indirectly respond to bacterial infection via IL-12 and IL-18

secreted by accessory cells such as macrophages and dendritic cells, leading to IFN-

γ production. (30–32). Human NK cells can also directly recognise bacterial PAMPs,

such as outer membrane protein A (OmpA), flagellin, and bacillus Calmette-Guérin

(BCG), via TLR2, TLR5, or NKp44, respectively, triggering NK proliferation, IFN-γ

production, and α-defensin release without requiring accessory cells (33,34).

However, our knowledge of direct bacterial recognition by NK cells remains limited.

Inflammasomes influence adaptive responses in NK, B, and T cells through

cytokine-driven and pyroptosis-mediated antigen release from myeloid and epithelial

cells (19). As such, inflammasomes are an important part of strong immune responses

to vaccines and long-term defence against pathogens (35,36). Recently, cell-intrinsic

inflammasome-dependent pyroptosis was demonstrated in naive T cells (37,38).

Moreover, it is now established that inflammasome derived-IL-18 can activate NK cells

and promote the expression of interferon-γ (IFNγ) and cytotoxic effectors (39). Thus,

NK cells are currently viewed as a downstream effector in the inflammasome pathway.

To date, inflammasome functions have mainly been studied in myeloid and epithelial

cells where Gram-negative bacteria, such as *Salmonella*, are detected through

exposure to a range of Pathogen-Associated Molecular Patterns (PAMPs), including

type III secretion system components, flagellin and LPS (40,41). Whether NK cells

possess effector and cell-intrinsic inflammasome activity has not been investigated.

Here, we investigate how inflammasomes shape NK cell behaviours during

infection with the Gram-negative bacteria *Salmonella enterica* Typhimurium. Using

primary human NK cells isolated from blood, we identified a unique inflammasome

signature that drives NCI activation but not canonical inflammasome activation. This

signature was further enhanced upon IL-12 priming and was absent in mouse NK cells.

Our findings highlight the unique regulation and roles of the inflammasome in human

NK cells and describe direct intracellular sensing functions during gram-negative

infections.

Results

Human NK cells possess a functional non-canonical inflammasome

We took advantage of a substantial dataset of healthy human blood NK cells to

profile the expression of inflammasome pathway components in these cells where

gene and protein expression data in human blood NK cells from 13 healthy donors

(36,270 high-quality filtered cells) were grouped functionally as, NK1 (CD56^{dim}

CD16^{high}CD3$^-$CD127$^-$CD57$^-$CD2$^-$, further divided as subtype A, B, and C), NK2

(CD56^{high}CD16$^-$CD3$^-$CD127$^+$CD57$^-$ CD2$^+$), NK3 (CD56^{dim}CD16^{high}CD3$^-$CD127$^-$

CD57$^+$CD2$^-$), and NKint (42). As expected, *GZMB, GZMA,* and *PRF1 showed* higher

mean expression in NK1 and NK3 cells (**Figure 1A**). Strikingly, canonical

inflammasome components (*NLRP3*, *NLRC4*), the pro-inflammatory cytokine IL-1β,

and the receptor detecting extracellular LPS (*TLR4*), were not expressed (40,43,44).

CASP1 and *GSDMD* were detected in NK1 and NK3, but not in NK2 subtype.

However, we were able to observe increased mean expression of NCI components,

including *CASP4*, *GBP1*, and *GBP2*, in NK1 and NK3 cells, compared to NK2 cells.

Other inflammasome-related genes were further restricted, with *GBP4* expressed only

in NK1B and NK2, and *PYCARD* in NK1B and NK1C (**Figure 1A**). To exclude the

possibility that this was blood-specific, we examined gene expression in human foetal

thymic (tissue-resident) NK cells and confirmed that *NLRP3*, *NLRC4*, and *TLR4* were

not expressed. We identified a *CASP4$^+$GBP2$^+$* NK cell population, in which *CASP1,*

GSDMD, and *PRF1* were upregulated in cycling cells, as compared to non-cycling

cells (**Supp. Figure 1A**). This suggests the ability of specific NK cell populations to

respond to intracellular Gram-negative infections in different tissues.

To confirm the findings from these datasets, we next isolated human peripheral

blood NK cells and neutrophils, paired from the same donor and performed

quantitative PCR for inflammasome-related genes. Alongside GZMA expression, NK

cells also showed low expression of *CASP1*, *CASP4*, and *GSDMD*, with greater

expression of *GBP2* (**Figure 1B**). This was compared to expression of these genes in

neutrophils, but whilst neutrophils showed gene expression for *TLR4* and *NLRP3,* NK

cells did not (**Figure 1C and Supp. Figure 1B**). Analysis of human blood NK cells,

using macrophages as a comparison, by western blot also indicated lower protein

expression of caspase-1, caspase-4, and GBP1 in NK cells, and similar levels of GBP2

and GBP5. We identified NK-specific proteoforms of GBP1 and GBP5 (**Figure 1D**), also previously reported in HUVEC cells (45). Overall, these data reveal that human NK cells operate a minimalist inflammasome system, lacking the canonical machinery (NLRP3, NLRC4, TLR4) that defines macrophage responses to *Salmonella*. Instead, this suggests they rely exclusively on the NCI pathway for bacterial detection.

To test the activation of the NCI in the context of infection, we next expanded negatively-selected human peripheral blood NK cells *in vitro* for 14 days, resulting in a highly enriched population containing all NK cell subpopulations, as compared to NK cells directly isolated from fresh blood (**Supp. Figure 2**). We infected the NK cells with *Salmonella enterica* Typhimurium, strain SL1344 and LT2, which infect cell types such as macrophages and epithelial cells, activating canonical (NLRP3, NLRC4; caspase-1) and non-canonical (GBPs; caspase-4,-5) inflammasomes. Infection resulted in a statistically significant increase in lytic cell death, as measured by LDH release (**Figure 2A**), compared to uninfected cells. This cell death was decreased with the addition of the caspase-1/-4 inhibitor, VX-765 (46) (**Figure 2A**) and upon infection with *SalΔorgA,* a *Salmonella* mutant lacking the functional SPI1 injectisome required for the invasion of non-phagocytic cells (47) (**Figure 2B**). Indeed, *Salmonella* enter the cytosol (9,10) by using a subset of effectors (48), including the needle injectisome protein, OrgA, where its deletion strongly reduces *Salmonella* invasion of non-phagocytic cells (40). Thus, our data not only suggest a caspase-1/-4-dependent cell death mechanism, but also that NK cell lytic death requires intracellular *Salmonella* invasion.

Central to the activation of the NCI is the maturation and secretion of pro-inflammatory cytokines, such as IL-1β and IL-18. Our data confirm that priming with LPS or IFNγ, or infection with *S.* Typhimurium induces IL-1β gene expression (**Figure 2C**) and its secretion (**Figure 2D**) in human neutrophils and macrophages. However, IL-1β was not detectable in NK cells under the same conditions in matched donors. Strikingly, *S.* Typhimurium infection of NK cells induced a statistically significant increase in IL-18 production, which was caspase-1/-4-dependent (**Figure 2E**).

As *Salmonella* has been shown to activate multiple inflammasomes during infection, we investigated the pathways involved in such a response. Interestingly, we could not detect the cleaved caspase-1 fragments (p20/p10) upon *Salmonella* infection (**Figure 2F**). Additionally, Nigericin treatment induced an NLRP3-independent cell death in NK cells, as shown with the addition of its inhibitor, MCC950

(49) (**Supp. Figure 3A**). NLRP3-dependent caspase-1 cleavage was also not
observed in NK cells (**Supp. Figure 3B**). Moreover, Val-boroPro (VbP, NLRP1
inflammasome activator, (50)) did not lead to GSDMD cleavage in NK cells but was
observed in a keratinocyte cell line (N/TERT) (**Supp. Figure 3C - D**)

Our data suggest a distinct mechanism of *Salmonella* sensing in NK cells that
does not involve canonical inflammasome signalling, as evidenced by the
undetectable gene expression level of NLRC4 and NLRP3 and the absence of
response to NLRP3 and NLRP1 triggers. Instead, NK cells utilise a pathway that leads
to inflammatory caspase-dependent pyroptosis, and IL-18 secretion, but not IL-1β. In
addition, the absence of *TLR4* expression in NK cells, which has been shown to be
important for priming the canonical inflammasome pathway, may explain NK cell non
responsiveness to NLRP3 triggers and the absence of IL-1β. This differs from the
classical activation of these pathways in macrophages where NLRC4 and NLRP3 are
major contributors to the innate detection of *Salmonella (43,51,52)*. The inflammatory
caspase-dependent secretion of IL-18 is consistent with previous literature showing its
cleavage by caspase-4 (9,10,53–55) and suggests that NK cells use an autocrine
mechanism to potentiate their activation during bacterial infection.

Salmonella **Typhimurium accesses the cytosol in human NK cells**
Gram-negative bacteria can activate the NCI through a range of mechanisms,
including direct invasion of the host cell cytoplasm or secretion of outer-membrane
vesicles (7). Upon infection of epithelial and myeloid cells, *Salmonella* localises and
replicates in specialised vacuoles, where it is protected from immune detection.
However, as established in gut epithelial cells, *Salmonella* can escape these vacuoles,
allowing cytosolic hyper-replication but also its detection by cytoplasmic sensors (56).
Therefore, we next sought to identify whether *Salmonella* invade NK cells by
infecting them with *S.* Typhimurium LT2-TdTomato. Using flow cytometry, we showed
that ~40% of NK cells were TdTomato+ (**Figure 3A**), suggesting an efficient invasion
of NK cells. Moreover, fluorescence microscopy on NK cells indicates the presence of
Tdtomato+ *S.* Typhimurium in both CD56+ vacuole-like structures and in the cytosol
(**Figure 3B**). We observed a range of NK cell-*Salmonella* interactions as shown in
Supp.Figure 4A. However, we could not fully differentiate between cytosolic and
vacuole-associated *Salmonella*. To confirm that *Salmonella* could access the cytosol,

we used *Salmonella* expressing a glucose-6-phosphate-dependent cytosolic eGFP-

reporter (9). As glucose-6-phosphate is only accessible in the cytosol, only cytosolic

Salmonella will express the fluorescent GFP reporter. At 5hrs post-infection, a

significant percentage of NK cells (10-15%), were eGFP$^+$ (**Figure 3C**), similar to levels

in epithelial cells (9), suggesting that *Salmonella* can invade the cytosol of a proportion

of NK cells. This correlates with NCI activation, as shown by western blot for the active

caspase-4 p32 cleavage product (13) and the reduction in full-length GSDMD in NK

cells in response to *S.* Typhimurium (**Figure 3D**). In comparison, infection with a Gram-

positive bacteria, *Staphylococcus* aureus, which is known to activate the canonical

inflammasome (57), did not induce caspase-4 cleavage or reduce full-length GSDMD

protein.

To confirm inflammatory caspase activation, we used the inflammatory caspase

activity-based probe FLICA660 and showed that ~5% of total NK cells were FLICA$^+$

upon *Salmonella* infection, compared to ~1% in uninfected cells, validating caspase-4

activation (**Figure 3E**). In alignment with our previous microscopy and CellView^{TM}

analysis indicates a range of activation and infection states, with the existence of

FLICA$^+$*Salmonella*-TdTomato$^-$,FLICA$^-$*Salmonella*-TdTomato$^+$,and FLICA$^+$*Salmonella*-

TdTomato$^+$ NK cell populations (**Supp. Figure 4C**). To test the potential of NK cells

to act as an infectious reservoir for *Salmonella,* we tracked *S.* Typhimurium LT2-

TdTomato infection over 14 days. After 5 hrs and 24 hrs, initial infection persists in a

significant subset of NK cells, ~25 - 32%. Between day 1 and day 14 post-infection,

this proportion decreases from ~30-20% to 10-5% (**Figure 3F**), indicating a small NK

population in which *Salmonella* persists. Thus, our study suggests heterogeneity in

infective states in NK cells, with persistence, potentially in the vacuole, and access to

cytosolic niches. Further study will be required to determine whether these differences

in persistence and access are associated with specific NK cell subsets. Overall, these

mechanisms converge on *Salmonella's* ability to create an intracellular niche in NK

cells.

Mouse NK cells do not activate the non-canonical inflammasome

We next asked whether murine NK cells displayed similar features, using published

RNA-seq datasets (58), where gene expression changes were measured in innate-

like lymphoid populations, as compared to macrophages, following LPS priming. Our

analyses showed that, in contrast to humans, mouse NK cells express *Tlr4*. Other

non-canonical inflammasome-associated genes, such as *Gbp2*, *Casp4*, and *Gsdmd*,
were expressed, similarly to human NK cells and other mouse innate lymphoid
populations (**Supp. Figure 5A**) (59). These results were supported by qPCR analysis
of murine wild-type splenic NK cells (**Supp. Figure 5B**). In naive NK cells, we detected
transcripts for *Casp1*, *Casp4*, *Gbp2*, *Gsdmd*, and *Ninj1*, which was comparable to
expression seen in macrophages. Macrophages were additionally found to express
transcripts for *Il18*, *Il1b*, and *Il1a* (also upregulated with LPS priming), but these
transcripts were absent in NK cells (**Supp. Figure 5C**). In contrast to human NK cells,
Salmonella infection did not induce cell death in murine NK cells (**Supp. Figure 5D**).
Furthermore, we did not detect protein expression of full-length caspase-11 (the
murine orthologue of human caspase-4) in NK cells compared with matched
neutrophils (**Supp. Figure 5F**). Unlike human NK cells, which express inflammasome
components at the gene level, murine NK cells do not express a functional caspase-
11 and do not activate the NCI in response to *Salmonella* infection.
In contrast, human NK cells do not express TLR4 but instead use the non-
canonical inflammasome to detect intracellular bacterial infection. These data highlight
a critical difference between human and murine inflammasomes at the cellular level.
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The non-canonical inflammasome in human NK cells is primed by IL-12
IFNγ priming in non-phagocytic and phagocytic cells has previously been identified to
impact NCI activation (9–11). To investigate the effect of IFNγ on NK cells, we primed
resting NK cells *in vitro* for 16 hrs with recombinant human IFNγ or with the NK-
activating cytokine IL-12. This cytokine is also important for the human response to
Salmonella, as individuals with a deficiency in IL-12 signalling are especially sensitive
to *Salmonella* infection (60–63).
Surprisingly, IFNγ did not induce expression of any NCI-related genes (*CASP4*,
CASP1, *GBP1*, *GBP2*, *GBP5*, *GSDMD*, and *NINJ1*), as compared to unstimulated
cells (**Figure 4A - C**). In contrast, IL-12 stimulation resulted in statistically significant
increases in *GBP1* and *GSDMD*. Although this did not increase NK cell death, as
measured by LDH assay at 5 hrs post-infection (**Figure 4D**), immunoblotting showed
increased cleavage of caspase-4 and GSDMD (**Figure 4E**). Ninj1 levels remained
unchanged. IL-12 priming significantly increased IFNγ and CCL3 secretion by NK
cells, but did not further enhance this response upon *S.* Typhimurium infection (**Figure
4F and G**). Importantly, the *Salmonella*-dependent IL-18 secretion previously

observed (**Figure 2E**) was increased upon IL-12, but not IFNγ priming, indicating a
potentiation of NCI activity in human NK cells (**Figure 4H**).
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278   **Discussion**
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Inflammasome pathways have been extensively characterised in macrophages and
epithelial cells, yet whether lymphocytes engage these signalling platforms remains
unclear. Here, we demonstrate that human NK cells possess a functional non-
canonical inflammasome (NCI) that enables cell-intrinsic detection of cytosolic Gram-
negative bacteria. This finding repositions NK cells from passive recipients of
inflammasome-derived cytokines to autonomous and active participants in anti-
bacterial immunity. The NK cell NCI displays a species-specific protein profile and is
primed by IL-12 rather than IFNγ.

Human NK cells use a limited inflammasome system. They lack the canonical sensors
NLRP3 and NLRC4, do not express TLR4, and fail to produce IL-1β upon bacterial
infection. Yet they retain functional caspase-4, guanylate-binding proteins (GBP1,
GBP2, GBP5), and GSDMD, enabling detection of cytosolic LPS and execution of
pyroptosis. The NK NCI produces a specific output profile with IL-18 secretion and
inflammatory cell death without IL-1β production, highlighting fundamental differences
from macrophage responses to the same pathogen. However, the prevalence of such
mechanisms across lymphocyte populations remains to be fully investigated. Previous
work suggested that T cell subsets activate the canonical CARD8 inflammasome upon
treatment with chemotherapeutics, triggering cell death without cytokine production
(38).

Strikingly, murine NK cells, despite expressing inflammasome component transcripts
at levels comparable to macrophages, lack functional caspase-11 protein and do not
undergo pyroptosis upon *Salmonella* infection. This transcript-protein discordance
suggests post-transcriptional or translational regulation that differs between species.
This species difference has practical implications: mouse models have been used
extensively to study NK cell responses to *Salmonella*, including in cancer
immunotherapy contexts (64). Our findings urge caution in extrapolating from these

studies to human NK cell biology and suggest that human-specific experimental
systems are essential for understanding the contributions of inflammasomes to human
NK cell function.

The selective responsiveness of human NK cells to IL-12 rather than IFNγ priming
represents an unexpected regulatory distinction from other cell types. IFNγ, signalling
through JAK-STAT1 (65), is the canonical priming agent for non-canonical
inflammasome components in macrophages and epithelial cells (9–11). In NK cells,
however, IFNγ had no effect on caspase-4, GBPs, or GSDMD expression. Recent
transcriptomic analyses support this interpretation, demonstrating that NK cells show
minimal response to IFNγ compared with T and B cells (66). IL-12, via STAT4
signalling (61), significantly upregulated these components and enhanced infection-
induced IL-18 secretion. This suggests that the promoters of key NCI genes may
harbour STAT4-responsive elements that are preferentially active in NK cells. The IL-
12 dependency also aligns with clinical observations that individuals with defects in IL-
12 signalling are particularly susceptible to *Salmonella* infection, raising the possibility
that impaired NK cell inflammasome priming contributes to this phenotype (60,63).

Our observation that *Salmonella* infection induces IL-18 secretion from NK cells
indicates a potential for autocrine amplification of NK cell responses. IL-18 receptor
expression varies across NK cell subsets, with recent single-cell analyses indicating
the highest expression in NK2 (CD56high, CD16low) populations. If NCI-competent
NK cells (predominantly NK1 and NK3, based on our expression data) secrete IL-18
upon infection, this could preferentially activate nearby NK2 cells, thereby amplifying
the local immune response across tissues. Such subset-specific interactions deserve
investigation, as they may shape NK cell responses to bacterial infection. More
broadly, the heterogeneity of inflammasome component expression across NK cell
subsets with PYCARD/ASC expression being restricted to NK1B and NK1C,
highlighting that different NK populations may have distinct capacities for
inflammasome activation, a complexity that functional studies have yet to address.

Our finding that a subset of NK cells remains infected with *Salmonella* over 14 days
raises questions about bacterial persistence and potential immune evasion.
Salmonella persistence in macrophage vacuoles is well documented and enables
antibiotic evasion and cellular reprogramming (67). Whether similar mechanisms

operate in NK cells and whether persistent infection affects NK cell function or
memory-like phenotypes remain to be determined. Our data indicate that, at least
during the initial infection, *Salmonella* can invade NK cell cytosol and activate the NCI.
The absence of NLRP3 and NLRC4 in these cells suggests that cytosolic LPS is likely
the primary PAMP sensed by NK cells upon *Salmonella* infection. However, we cannot
exclude other inflammatory conditions that may prime caspase-1 activation in these
cells (e.g., other pathogens).

In conclusion, we have identified a specialised non-canonical inflammasome pathway
in human NK cells that operates independently of canonical inflammasome
components and is regulated by IL-12 rather than IFNγ. This pathway enables NK cells
to directly sense intracellular Gram-negative bacteria, adding to the network of innate
immune cells capable of autonomous pathogen detection. The species-specific nature
of this response highlights the importance of human experimental systems for
understanding NK cell inflammasome biology. Future work should address how this
pathway shapes tissue responses to infection and whether it contributes to diseases
such as sepsis, in which reduced NK cell numbers are observed and are associated
with poor patient outcomes (68).

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Material and Methods
Study approval
Work with human primary cells was performed under approval by the University of
York Biology Ethic Committee (DB202111). Mice were bred and maintained in specific
pathogen-free conditions in the University of York, Biological Services Facility. Surplus
C57 BL/6 mouse tissue was used with the approval of the local AWERB committee,
and under license with the UK Home Office.

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Human immune cell isolation and expansion
Human NK cells, PBMCs and neutrophils were isolated from fresh blood in EDTA-
coated tubes (BD Bioscience) or from blood cones (apheresis product, NHS) collected
from anonymous healthy donors. Neutrophils (only from fresh blood) and NK cells
were isolated from whole blood by negative selection using the EasySep Direct

Neutrophil isolation kit (StemCell Technology, 19666) and EasySep Direct human NK

isolation kit (StemCell Technology, 19665). To ensure a maximal NK purity, isolated

NK cells were expanded for 14 days with Immunocult NK Cell Expansion Kit (StemCell

Technology, 100-0711), according to manufacturer instructions. After 14 days, dead

cells from NK culture were removed using EasySep Dead Cell Removal (Annexin V)

Kit.

PBMCs were isolated from whole blood using Lymphocyte Separation Medium

(Lonza, BESP1109E). Red blood cells were lysed using ACK lysis buffer (Gibco,

A1049201) for 5 min at room temperature. PBMCs were differentiated into

macrophages with 50 ng/ml rhM-CSF (Proteintech, HZ-1192) in RPMI, 10% FBS, 1%

penicillin/streptomycin, and 1% glutamine for 7 days at 37°C, 5% CO_2.

Murine immune cell isolation and priming

C57BL/6J mouse spleens were collected in PBS with 2% FBS. Single cell suspensions

were obtained by passing tissue through a 70µm cell strainer (Corning, 352350). Red

blood cells were lysed using ammonium chloride solution for 5 minutes at room

temperature. Neutrophils were isolated using an EasySep Direct Neutrophil isolation

kit   (StemCell   Technology,   19855).   NK   cells

(LiveCD45$^+$CD3CD4CD8CD19CD11bCD11cFcεR1Gr1   (lineage)$^-$NK1.1$^+$)   and

macrophages (LiveCD45$^+$CD3$^-$CD11b^{high}) were stained with flow cytometry antibodies

(see **Supplementary Table 1**) and isolated by FACS using a MoFlo Astrios (Beckman

Coulter, Summit software). Mouse NK cells and macrophages were primed with 100

ng/mL of LPS EK (Invivogen) for 3hrs or used directly for RNA extraction after isolation.

Bacterial infection, cell priming, and cell death analysis

NK cells, neutrophils, and differentiated macrophages were plated in 12-well plates in

Opti-MEM (GIBCO) at 1x10^6 cells/ml, 2.5x10^6 cells/m and 0.5x10^6 cells/ml,

respectively. Cells were infected with either *Salmonella enterica* Serovar Typhimurium

SL1344 or LT2, or *S. enterica⊿orgA*, LT2-TdTomato, LT2-pPuhpT-GFP, or

Staphylococcus aureus grown in log phase. Briefly, bacterial strains were cultured in

lysogeny broth (LB) medium overnight at 37°C on an orbital shaker. These were

subcultured 1:40 and grown for 3h at 37°C to generate log phase cultures. Before

infection, bacteria were collected by centrifugation, and washed twice with pre-warmed

PBS. Cells were infected at MOI 50 for 1h at 37°C. After 1 hr, gentamicin was added

at a final concentration of 100 µg/ml to kill extracellular bacteria and cells were
incubated for 4 hrs at 37°C, 5% CO_2. As indicated, VX-765 (25 µM in DMSO, Sigma-
Aldrich, 5.31372) was added 30 mins before inflammasome activation.

In some experiments, NK, rested for 6 hours in NK medium without NK cell
Expansion Supplement (StemCell Technology, 100-0711) and neutrophils were
primed 3 hours with 100 ng/ml ultrapure LPS-EK (Invivogen, tlrl-peklps) or with 25
ng/ml rhIFNγ (Proteintech, HZ-1301) or 100 ng/ml rhIL-12 (Proteintech, HZ-1256) for
16 hours. NLRP3 inflammasome was activated using Nigericin (20 µM in EtOH,
Sigma-Aldrich, N7143) for 3 hrs at 37°C. As indicated MCC950 (10 µM in H_2O, Sigma-
Aldrich, PZ0280) were added to the cell culture media 30 min before inflammasome
activation. NLRP1 was activated using 3 µM Val-boroPro for 6 hrs at 37°C (Vbp,
5.31465).

For cell death measurements lactate dehydrogenase release in the
supernatants was measured using a CytoTox 96® Non-Radioactive Cytotoxicity
Assay (Promega, G1780). Absorbance was measured on a plate reader (Infinite M
Plex, TECAN) at 490nm with a 650nm background subtraction following
manufacturer's instructions.

Quantitative PCR analysis
mRNA from primary cells (mouse and human) were isolated using the Arcturus
PicoPure Isolation kit (ThermoFisher, KIT0204) and cDNA was generated using the
SuperScript IV First Strand kit (ThermoFischer, 18091050), using manufacturer's
instructions. qPCR was performed using TaqMan probes (Life Technologies,
Supplementary Table 1) on an AriaMx Real-time PCR system (Agilent).

Immunoblotting
Cell extracts were lysed with cell sample buffer (2% SDS, 66mM Tris pH7.6
reconstituted in NuPage 1X LDS buffer (Novex, P5878547) and run on 10% or 4 - 20%
acrylamide gels (BioRad) with methanol-chloroform precipitated cell supernatant
mixes (69). Gels were transferred on 45 µM nitrocellulose membrane using the
TurboBlot transfer system (BioRad), and blocked in 5% skimmed milk TBST. Samples
were then incubated overnight at room temperature in the primary antibody at 4°C and
for 2 hrs the following day in the secondary antibody (**Supplementary Table 1**).

Membrane was imaged using the Immobilon Forte ECL Substrate (VWR, WBLUF)

using a ThermoFisher iBright 1500.

Flow cytometry

Single cell suspensions were incubated with anti-CD16/CD32 antibodies (Biolegend,

Clone 93) followed by fluorochrome-conjugated antibodies as detailed in

Supplementary Table 1. All samples were co-stained with a cell viability dye (Zombie

YG581 or Aqua, Biolegend, 423123 and 423102). In some experiments with human

blood NK cells after *Salmonella* infection, and following the addition of gentamicin,

YVAD-FMK FLICA660 or FLICA-FAM was added following manufacturer instructions

(1:1000, FLICA Caspase-1 kit, BIO-RAD, 9120 and ICT098) and cells were incubated

for 1 hr at 37°C. Cells were washed twice with the 1x kit wash buffer. Untreated NK

cells stained for FLICA were used as control. Sample acquisition used an LSR

Fortessa, CytoFLEX LX (Beckman Coulter), or FACSDiscover™ S8 (BD Biosciences,

CellView™ Image) and then visualised using FlowJo (version 10.10) software. For

cell sorting, an Astrios (70 µm nozzle, Beckman Coulter, Summit software) was used.

Immunofluorescence microscopy

8-well chamber slides (Ibidi, 80821) were coated with 12.5 µg/ml fibronectin for 1 hr,

washed with PBS and transferred to 4°C until use. NK cells were seeded directly into

chamber slides at 4×10^5 cells/well and immediately infected with log phase *Salmonella*

LT2-TdTomato at MOI 50 for 1h at 37°C, 5% CO_2. Gentamicin was added directly to

the culture medium, and cells were cultured for 4 hrs at 37°C, 5% CO_2. Cells were

subsequently fixed with 4% PFA (in PBS) for 10 min at room temperature and washed

with PBS. Cells were blocked with 5% goat serum for 2 hrs, stained with rabbit anti-

human NCAM (CD56, Cell Signalling, 99746) overnight, washed with PBS and stained

with goat anti-rabbit IgG (H+L), AF488 conjugate (Cell Signalling, 4412) for 1 hr. Cells

were washed with PBS and stained with DAPI (2µg/ml) (Biotum, 40043), ready for

imaging on Zeiss Elyra 7.

Cytokine assays

Cytokine secretion in cell culture supernatants was assessed using standard sandwich

ELISA, IL-1β (Invitrogen, 88-7261), CCL3 (Invitrogen, 88-7035) , IL-18 (R&D systems,

DY318-05), GM-CSF (Invitrogen, 88-8337), IL-22 (Invitrogen, 88-7522), according to

the manufacturer's instructions. IFNγ secretion was measured using the Lumit IFNγ
immunoassay (Promega, W6040) following the manufacturer's instructions in a 384
well plate. Luminescence was measured on a plate reader (Infinite M Plex, TECAN).
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Bioinformatical data analysis and statistics
Mouse RNA sequencing data was obtained from the GEO database (GSE143943,
(49). The data was filtered for genes relevant to NCI and the mean expression values
log transformed. Heat maps were generated in R Studio using the pheatmap package.
Clustering was automatically applied to the gene list.
Human scRNAseq datasets were obtained from either the foetal immune cell
atlas (https://developmental.cellatlas.io/#) or peripheral blood (https://storage.
googleapis.com/haniffalab/meta-nk/PBMC_Noreg.h5ad) and mined to analyse tissue
resident or blood NK cells, respectively. The published data was loaded with *scanpy*
and the inflammasome component genes visualised in a violin or *dotplot*. The dotplot
was grouped by the 6 NK clusters discovered in the original study, and the genes were
standard-scaled across these clusters to visualize relative abundance of each gene
across cell contexts.
Statistical analysis for most experiments was performed using Prism10
(GraphPad, San Diego, CA).
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Authors contribution
N.G.F.L, J.A, A.H, Z.A, K.S.R, M.G, C.R, A.V, J.L.B, M.A.C, F.P. and D.B performed
experiments. N.G.F.L, Z.A, J.H, J.L.B and D.B designed experiments, D.B secured
funding, supervised, designed and oversaw the project. N.G.F.L, J.A, A.H, K.S.R, K.H,
G.C, J.L.B, D.B analysed data. D.B, N.G.F.L, and J.L.B wrote the paper with inputs
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Figure 1. Human blood NK cells express components of the non-canonical inflammasome. (**A**) scRNA-seq data of inflammasome components in subsets of human peripheral blood NK cells showing the relative abundance (standard-scaled) and percentage of cells expressing inflammasome components, (n=19). (**B**) Quantitative PCR analysis of non-canonical inflammasome components in unexpanded human peripheral blood NK cells, n = 4 donors (**C**) Quantitative PCR analysis of *TLR4* and *NLRP3* in unexpanded peripheral blood NK cells and neutrophils from four matched donors. (**D**) Western blot analysis of expanded human peripheral blood NK cells and macrophages from 2 matched donors compared to loading controls of αTubulin and H3. *[1] and *[2] indicate NK cell-specific protein isoforms of GBP1 and GBP5, respectively. Western blot is representative of 4 blood donors.

Figure 2. *Salmonella* Typhimurium infection induces cell death and IL-18 production in human blood NK cells. Expanded human peripheral blood NK cells were infected with *S.* Typhimurium or *S.* Typhimurium*ΔorgA*, and with or without VX-765. At 5 hrs post-infection, cells supernatants were assessed by (**A** and **B**) LDH assay for cell death, and (**D** and **E**) ELISA for IL-1beta and IL-18 production, n = 6 - 9 donors across 2 - 3 independent experiments. (**C**) Quantitative PCR analysis of *IL1B* following priming with LPS (for 3 hrs) and IFNgamma (for 16 hrs). (**F**) At 5 hrs post-infection, caspase-1 cleavage was characterised by western blot. *[1] indicate a p33 cleavage product of active caspase-1. In (**C**), (**D**) and (**F**) NK cells were compared to neutrophils and macrophages from matching donors. Data in (A, B and E) were analysed by one-way ANOVA with Dunnett's multiple-comparison test. p values are displayed and p<0.05 was considered statistically significant.

Figure 3. *Salmonella* Typhimurium accesses the cytosol and persists in human blood NK cells. Expanded human peripheral blood NK cells were infected with *S.* Typhimurium-TdTomato. (**A**) At 5 hrs post-infection NK cells were subjected to analysis by flow cytometry or (**B**), stained on fibronectin coated slides with anti-CD56 and DAPI and visualised by fluorescence microscopy (white bar indicates 5 μm). (**C**) Alternatively, these NK cells were infected with *S.* Typhimurium, stably expressing a cytosolic-induced eGFP reporter and analysed by flow cytometry. (**D**) Representative western blot analysis of expanded human peripheral blood NK cells infected with either *S.* Typhimurium or *Staphylococcus* aureus and with or without VX-765 for 5 hrs

compared to loading controls of H3. *[1] indicates a p32 cleavage product of active

caspase-4 (**E**) Caspase-1 and -4 activation was measured by flow cytometry using the

inflammatory caspase probe FLICA660 . (**F**) Percentage of *S.* Typhimurium-TdTomato

in NK cells was measured at days 1, 2, 5, 7, and 14 post-infection. Data from 2

independent experiments, n = 4 - 6 donors. Data in (A, C and E) were analysed by

paired t tests. Data in (F) were analysed by one-way ANOVA with Dunnett's multiple-

comparison test. p values are displayed and p<0.05 was considered statistically

significant.

Figure 4. IL-12 but not IFNγ-mediated activation of human blood NK cells leads

to upregulation of non-canonical inflammasome components. Expanded human

peripheral blood NK cells were treated with and without rhIL-12 or rhIFNγ for 16 hrs.

Quantitative PCR was used to assess expression of (**A**) *CASP4* and *CASP1*, (**B**)

GBP1 and *GBP2*, and (**C**) *GBP5*, *GSDMD*, and *NINJ1*. Post-treatment, NK cells were

additionally infected with *S.* Typhimurium alone, or in combination with VX-765.

Supernatant was taken at 5 hrs post-infection in order to assess (**D**) cell death by LDH

release and (**F**) IFNγ, (**G**) CCL3, and (**H**) IL-18 production by ELISA. (**E**)

Representative western blot analysis of expanded and primed human NK cells

infected with either *S.* Typhimurium alone or in combination with VX-765 for 5 hrs

compared to loading controls of H3. *[1] indicates a p32 cleavage product of caspase-

4. *[2] indicates a p30 cleavage product of GSDMD. Data from 2 - 3 independent

experiments, n = 3 - 8 donors. Data in (A, B C and H) were analysed by one-way

ANOVA with Dunnett's multiple-comparison test. p values are displayed and p<0.05

was considered statistically significant.

Supplementary Figure Legends

Supplementary Table 1. (**A**) Quantitative PCR Taqman primer sets for human and mouse targets. (**B**) Antibodies used in flow cytometry (FC), immunofluorescence (IF), and western blot (WB).

Supplementary Figure 1. Human thymic NK cells express components of the non-canonical inflammasome. (**A**) scRNA-seq data of inflammasome components in $CASP4^+GBP2^+$ and $CASP4^-GBP2^-$ human foetal thymic non-cycling and cycling NK cells showing the median expression and number of cells expressing inflammasome components. (**B**) Quantitative PCR analysis of non-canonical inflammasome components in neutrophils, n = 4 donors, matched with NK cell phenotypes in Fig. 1B.

Supplementary Figure 2. Characterisation of NK cell subpopulations in human blood. Representative density plots of (**A**) PBMCs , (**B**) negatively-selected NK cells and (**C**) 14 days expanded NK cells from human peripheral blood showing typical percentages of CD56^{int}CD16$^+$ and CD56^{high}CD16$^-$.

Human peripheral blood from (**C**) before and (**D**) after NK cell negative selection, analysed by flow cytometry to show typical percentages of CD56^{int}CD16$^+$ and CD56^{high}CD16$^-$, and within this NK1, NK2, and NK3 subsets, as defined by Rebuffet *et al* (2024).

Supplementary Figure 3. NLRP1, NLRP3, and FLICA activation in human blood NK cells. Expanded human peripheral blood NK cells were treated with nigericin (20 μM), with or without MCC950 (10 μM) for 3 hrs. Cells were then assessed for (**A**) the release of LDH for cell death and (**B**) the cleavage of caspase-1 by western blot. (**C**) NK cells or (**D**) N/TERT keratinocytes were treated with Val-boroPro (3μM, VbP) for 6hrs, with and without VX-765, and assessed by western blot. n = 4 - 6 donors. *[1] and *[2] indicate possible NK cell-specific protein isoforms of CASPASE-1. *[3] indicates the p30 cleavage fragment of GSDMD. Data in (A) were analysed by one-way ANOVA with Dunnett's multiple-comparison test. p values are displayed and $p<0.05$ was considered statistically significant.

Supplementary Figure 4. *Salmonella* **Typhimurium interacts with and enters NK cells, activating inflammatory caspases.** Expanded human peripheral blood NK cells were infected with *S.* Typhimurium-TdTomato. (**A**) At 5 hrs post-infection NK cells were stained on fibronectin coated slides with anti-CD56 and DAPI and visualised by fluorescence microscopy (white bar indicates 5 µm). Panel shows range of NK cell-*Salmonella* interactions. Control represents non-infected NK cells stained with anti-CD56 and DAPI. (**B**) Representative images of CD56$^+$ cells were reconstructed, using CellView^{TM} beam-splitting technology, to show human NK cells that were FLICA-FAM$^+$*Salmonella*- TdTomato$^-$ (NK cell 1), FLICA-FAM$^-$*Salmonella*-TdTomato$^+$ (NK cell 2), and FLICA-FAM$^+$*Salmonella*-TdTomato$^+$ (NK cell 3), respectively.

Supplementary Figure 5. Canonical and non-canonical inflammasome components are expressed in mouse NK cells at the gene, but not the protein level . (**A**) RNASeq dataset extracted from flow cytometry sorted immune cells showing a heatmap expression analysis of canonical and non-canonical inflammasome-associated genes (58). Murine spleen NK cells and CD11b^{high} cells were sorted and cDNA was extracted from either (**B**) naive populations or (**C**) from LPS (100 ng/mL, 3 hrs)-primed cells. Expression of canonical and non-canonical inflammasome-associated genes was assessed by quantitative PCR using *Gapdh* as a house-keeping gene, n = 4-8, collected across 2 independent experiments. (**D**) Representative western blot analysis of caspase-11 expression in LPS-primed murine spleen NK cells.

Figure 1

Figure 2

Figure 3

Figure 4

Supplementary Table 1

A

Human gene	Taqman ID
NLRP3	Hs00918062
NLRC4	Hs00892666
NINJ1	Hs00982607
TLR4	Hs00152939
GSDMD	Hs00226875
Casp1	Hs003354836
Casp4	Hs01031951
Casp5	Hs07290189
GBP1	Hs00266717
GBP2	Hs00894837
GBP5	Hs00369472
GzmA	Hs009869184
IFNGR1	Hs00166223
GAPDH	Hs02758991
IL1B	Hs01555410

Mouse gene	Taqman ID
Ninj1	Mm00479014
Gsdmd	Mm00509958
Il1a	Mm00439620
Il1b	Mm00434228
Il118	Mm00434225
Gbp2b	Mm00657086
Gbp5	Mm00463735
Ifngr1	Mm00599890
Cd14	Mm00438094
Tlr4	Mm00445273
Casp1	Mm00438023
Casp4	Mm00432304
Pycard	Mm00445747

B

Human antibody target	Clone number	Catalog number	Supplier	Use
CASPASE-1	D7F10	3866	Cell Signalling	WB
GBP1	polyclonal	15303-1-AP	Proteintech	WB
GBP2	polyclonal	11854-1-AP	Proteintech	WB
GBP5	polyclonal	13220-1-AP	Proteintech	WB
αTubulin	1E4C11	66031-1-Ig	Proteintech	WB
CASPASE-4	1D1E12	67398-1-Ig	Proteintech	WB
GAPDH	1E6D9	60004-1-Ig	Proteintech	WB
NINJURIN 1	2G5	H00004814-MO1A	Abnova	WB
GSDMD	E9S1X	39754S	Cell Signalling	WB
NLRP1	9F9B12	679802	Biolegend	WB
H3	1A2A3	68345-1-Ig	Proteintech	WB
CD45 BUV395	HI30	363-0459-42	Thermo	FC
CD4 PE	SK3	60122PE	StemCell Technologies	FC
CD8a PE	HIT8a	300908	Biolegend	FC
CD19 PE	HIB19	302208	Biolegend	FC
CD14 PE	HCD14	325605	Biolegend	FC
CD123 PE	6H6	306006	Biolegend	FC
CD303 PE	201A	354204	Biolegend	FC
CD3e BV605	UCHT1	300459	Biolegend	FC
CD16 BV480	eBioCB16	414-0168-41	Thermo	FC
CD56 BUV661	TULY56	376-0566-42	Thermo	FC
CD127 PECy7	R34.34	25-1271-82	Thermo	FC
CD2 AlexaFluor700	RPA-2.10	300238	Biolegend	FC
CD57 BV421	QA17.A04	393326	Biolegend	FC
NCAM1 (CD56)	E7X9M	99746	Cell Signalling	IF
Mouse antibody target	Clone Number	Catalog Number	Supplier	Use
Caspase-11	17D9	NB120-10454	Novus Biologicals	WB
GBP2	polyclonal	11854-1-AP	Proteintech	WB
H3	1A2A3	68345-1-Ig	Proteintech	WB
CD45 AlexaFluor700	30-F11	103128	Biolegend	FC
CD3 PE	17A2	100206	Biolegend	FC
CD4 PE-Cy7	GK1.5	100421	Biolegend	FC
CD8a PE-Cy7	53-6.7	100721	BioLegend	FC
CD19 PE-Cy7	1D3	25-0193-82	eBioscience	FC
CD11b BV510	M1/70	101263	Biolegend	FC
CD11c PE-Cy7	N418	117317	BioLegend	FC
FceR1a PE-Cy7	MAR-1	134317	BioLegend	FC
Gr1 PE-Cy7	RB6-8C5	108416	BioLegend	FC
NK1.1 BV421	PK136	108732	Biolegend	FC
Other antibodies	Clone Number	Catalog Number	Supplier	Use
Mouse Ig-HRP	Polyclonal	RGAM001	Proteintech	WB
Rabbit Ig-HRP	Polyclonal	RGAR001	Proteintech	WB
Anti-rabbit IgG (H+L), (Alexa Fluor® 488 Conjugate)	F(ab')2 Fragment	4412	Cell Signalling	IF

Supplementary Figure 1

A

B

847
848

Supplementary Figure 3

A

B

C

D

Supplementary Figure 4

A

| CD56 Alexa488 | DAPI | *TdTomato* Salmonella | Merge |

Control

NK cell 1

NK cell 2

NK cell 3

NK cell 4

NK cell 5

NK cell 6

B

NK cell 1   NK cell 2   NK cell 3

FLICA-FITC
Salmonella-TdTomato

Supplementary Figure 5

A

B

C

D

F

852